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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	
Attorney Docket No.	VNUS 53427
First Inventor or Application Identifier	Farley, et al.
Title	Method and Apparatus for Treating
Express Mail Label No.	EL209750069US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input checked="" type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, Status still proper and desired <small>(PTO/SB/09-12)</small> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Other: _____	
2. <input checked="" type="checkbox"/> Specification <small>[Total Pages <input type="text"/>]</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>[Total Sheets <input type="text"/> 8]</small>			
4. Oath or Declaration <small>[Total Pages <input type="text"/>]</small> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small>			
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).			

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08 / 811,820
Prior application information: Examiner: Rodriguez Group / Art Unit: 3763
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small> or <input checked="" type="checkbox"/> Correspondence address below					
Name	James Juo FULWIDER PATTON LEE & UTECHT, LLP				
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City	Los Angeles	State	CA	Zip Code	90024
Country	U.S.	Telephone	(310) 824-5555	Fax	(310) 824-9696

Name (Print/Type)	James Juo	Registration No. (Attorney/Agent)	36,177
Signature		Date	1/18/00

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2000</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>	<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td>January 18, 2000</td></tr> <tr><td>First Named Inventor</td><td>Farley, et al.</td></tr> <tr><td>Examiner Name</td><td>C. Rodríguez</td></tr> <tr><td>Group / Art Unit</td><td>3/63</td></tr> <tr><td>Attorney Docket No.</td><td>VNUS-53427</td></tr> </table>	Application Number		Filing Date	January 18, 2000	First Named Inventor	Farley, et al.	Examiner Name	C. Rodríguez	Group / Art Unit	3/63	Attorney Docket No.	VNUS-53427
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TOTAL AMOUNT OF PAYMENT	(\$) 606.00												

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 06-2425</p> <p>Deposit Account Name: Fulwider Patton</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101 690</td><td>201 345</td><td>Utility filing fee</td><td>345</td></tr> <tr><td>106 310</td><td>206 155</td><td>Design filing fee</td><td></td></tr> <tr><td>107 480</td><td>207 240</td><td>Plant filing fee</td><td></td></tr> <tr><td>108 690</td><td>208 345</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114 150</td><td>214 75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (1) (\$) 345</p> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>49</td> <td>29</td> <td>9</td> <td>261</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>0</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see below</small></p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102 78</td><td>202 39</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104 260</td><td>204 130</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109 78</td><td>209 39</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110 18</td><td>210 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (2) (\$) 261</p>	Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid	101 690	201 345	Utility filing fee	345	106 310	206 155	Design filing fee		107 480	207 240	Plant filing fee		108 690	208 345	Reissue filing fee		114 150	214 75	Provisional filing fee		Total Claims	Extra Claims	Fee from below	Fee Paid	49	29	9	261	Independent Claims	3	0	0	Multiple Dependent				Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20		102 78	202 39	Independent claims in excess of 3		104 260	204 130	Multiple dependent claim, if not paid		109 78	209 39	** Reissue independent claims over original patent		110 18	210 9	** Reissue claims in excess of 20 and over original patent		<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James Juo	Registration No. (Attorney/Agent)	36,177
Signature		Telephone	310 824-5555
		Date	1/18/00

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